

Texas Department of State Health Services (DSHS)



Community Health Worker Instructor Online Services Support Guide Application Based on Experience



August 1, 2018

Table of Contents

Table of Contents

Introduction	4
Online Licensing Application and Help Center	4
Welcome Page.....	5
New User Registration	6
Preview Registration	7
Temporary Password Email – Example	8
First Log On After Registering.....	9
Forgot Password Process	11
Main Menu – Application Selection.....	14
Apply for Community Health Worker (CHW) Instructor certification - Initial Online Application based on Experience.....	14
Requirements.....	15
Personal Information	18
Contact Information	18
General Questions	22
Language Used	24
Work Experience / Work Duties	25
Teaching Experience (Part 1)	25
Teaching Experience Verification (Part 2)	26
Instructor Application Core Competencies/Work Duties (Part2)	26
CHW Instructor Teaching Experience.....	27
Examples(s) of Teaching Experience	27
Other Licenses / Certifications	28
Network and Association relationship	28
Attaching Documents	30
Application Summary.....	31
Attestation Question	32
Summary of application report.....	33
Deficiencies	33
Cancel:	33

This Guide represents the web pages present in the system at the time the Guide was developed. The program areas and boards have the ability to configure the web page contents and the text contained on the web pages. The views of the web pages in this Guide may not be the exact representation of the current system.

Introduction

This guide provides instructions for initial Community Health Worker (CHW) Instructor certification application based on completion of at least 1,000 hours of community health work services in the previous six years. The VO (Versa:Online) License Service website gives easy access for users to perform a number of tasks directly from the online portal.

In these instructions License and Certification are the same.

Review requirements for initial CHW Instructor certification located at:


<http://www.dshs.texas.gov/mch/chw/CHW-Instructor-doc.aspx>

Online Licensing Application and Help Center

The website is available on the Texas.Gov Home page and Online Services button. The web address is: <https://vo.ras.dshs.state.tx.us/>

Welcome Page

The first page of the Versa Online License Service allows the user to Log On if they are a returning user or enter a new registration by selecting the Register as a First Time User link.



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Attention: Tanning Facilities, Bottled / Vended Water Operators, Contact Lens Dispensers, and Opticians, please read the [new legislation regarding de-regulation of regulatory programs](#).

Check License Status or Search for a License

It is not necessary to register or login to view or search for a license or certification. Begin your [license search](#) here to verify that a license holder has a current license with the Department of State Health Services. You can search by name, license type, city or county.

Apply for a New License

To apply for an initial license, please see the [Online Licensing Eligibility](#) page to check if your license type is supported before you [register as a new user](#). If you have previously registered using this system, it is not necessary to create another user registration to apply for a new license.

Renew Your License

To renew an existing license, please verify that your license type is [eligible for online renewal](#). Once you have confirmed that your license may be renewed online, please login with your existing user ID and password, or [register as a new user](#).

Asbestos Notifications

It is not necessary to login to view asbestos notifications. [Search for a notification](#) by project location, date, name or notification number. If you wish to submit/amend an asbestos notification, you may [register as a new user](#) if you have not previously registered using this system.


Returning User

User ID:

Password:

[Forgot user ID?](#) [Forgot password?](#)

New User

 Create a new online account as a first time user. Log in with the password emailed to you to access online services.


[Register as a new user](#)

[Contact Us](#) | [Compact with Texans](#) | [File Viewing Info](#) | [Internet Policy](#)
[Statewide Search](#) | [Homeland Security](#) | [Texas.gov](#)

New User Registration

To establish a registration, fill in the requested information and click the Next button to proceed. Enter your full legal name, do not use nicknames. This is the name that will appear on your CHW Instructor ID badge and certificate if your application is approved.

If you are having trouble seeing or selecting the "I'm not a robot" check box refresh the page and try again or use a different web browser.

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New User Registration
All items marked with a (*) are required. You will only complete this process once. After you register, you will login with this account.
Enter your details and press "Next".


Press "Cancel" to cancel this registration and return to the main menu.

Account User Contact Information
* First Name:
Second Name:
* Last Name:

Account Login (Your initial or renewal application summary will be sent to the email address entered below)
* Email (e.g. name@domain.com)
* Confirm Email:
* User ID:
Use email address as user ID: ☐
Or enter your own user ID:

Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)
* Secret Question:
Select a predefined question:
Or write your own question:
* Secret Answer:

Third Party Payer
Accept payment requests from third parties? [\(what's this?\)](#) ☐


Security Measures (This helps to prevent automated registrations.)
* Click the white Checkbox next to "I'm not a robot".
☐ I'm not a robot 
reCAPTCHA
Privacy - Terms

Next **Cancel**

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Preview Registration

This page presents the data entered for the registered user.

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Preview Registration
Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Ken
Second Name:	W
Last Name:	Anglin
Email:	anglink@msn.com
UserId:	anglink@msn.com
Secret Question:	What street did you grow up on?
Secret Answer:	ellis
Third Party Payer:	No

[Save](#) [Edit](#) [Cancel](#)

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The system will send a message to the listed email address that contains the User ID that and a temporary password.

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User Registration - Temporary Password Issued
A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions.

[Return](#)

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Temporary Password Email – Example

Hello Monica,

Thank you for registering for an online account. Please complete your registration by logging on to your account at:

<https://vo.ras.dshs.state.tx.us/>

Your online userid is your complete e-mail address and your temporary password is provided below.

Please note that your online password is case sensitive.


USERID: monica.maldonado@dshs.texas.gov

PASSWORD: XvkBWYR2

*** Note: This is an automated email. Do NOT reply to this message.

First Log On After Registering

Enter the User ID and Password provided in the email.



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Attention: Tanning Facilities, Bottled / Vended Water Operators, Contact Lens Dispensers, and Opticians, please read the [new legislation regarding de-regulation of regulatory programs](#).

Check License Status or Search for a License

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Apply for a New License

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Renew Your License

To renew an existing license, please verify that your license type is [eligible for online renewal](#). Once you have confirmed that your license may be renewed online, please login with your existing user ID and password, or [register as a new user](#).

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[Statewide Search](#) | [Homeland Security](#) | [Texas.gov](#)


Returning User

User ID:


Password:

[Forgot user ID?](#) [Forgot password?](#)

New User

 Create a new online account as a first time user. Log in with the password emailed to you to access online services.
[Register as a new user](#)

You will be asked to change your Password. Enter the Password provided in the email and your new Password. Your new Password must contain upper and lower case letters, numbers and special characters.



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 Logged in as **Anglin, Ken W**

[Update Profile](#) | [Logoff](#) | [Contact Us](#)

Update Default Registration Information

Enter your new password and press "Save".

Your new password must contain the following:

- a minimum of (8) characters
- must not be the same as your user id
- must not be a variation of your user id
- must contain at least (1) numeric character
- must contain at least (1) special character

* Old or Temporary Password:

* New Password:


* Confirm Password:

Save

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Forgot Password Process

If you forget your password, then click the “Forgot password?” link.



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[Statewide Search](#) | [Homeland Security](#) | [Texas.gov](#)

Returning User

User ID:


Password:

[Forgot user ID?](#)
[Forgot password?](#)

New User

! Create a new online account as a first time user. Log in with the password emailed to you to access online services.
[Register as a new user](#)

The resulting page will ask for your User ID.



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Enter Userid

Enter your user ID and press "Next" to continue.
Press "Cancel" to return to the logon screen.


* User ID:

Next **Cancel**

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The security question page will be presented.



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Forgot Password

Enter the secret answer and press "Next" to continue.
Press "Cancel" to return to the logon screen.

User ID: anglink@msn.com

Secret Question: What street did you grow up on?

Secret Answer:

Next **Cancel**

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A new password will be emailed to the address in your registration profile.

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[Return to the Main Menu](#) | [Contact Us](#)

Forgot Password
Press "Next" to go to the logon screen.
A new password has been emailed to you.

Next

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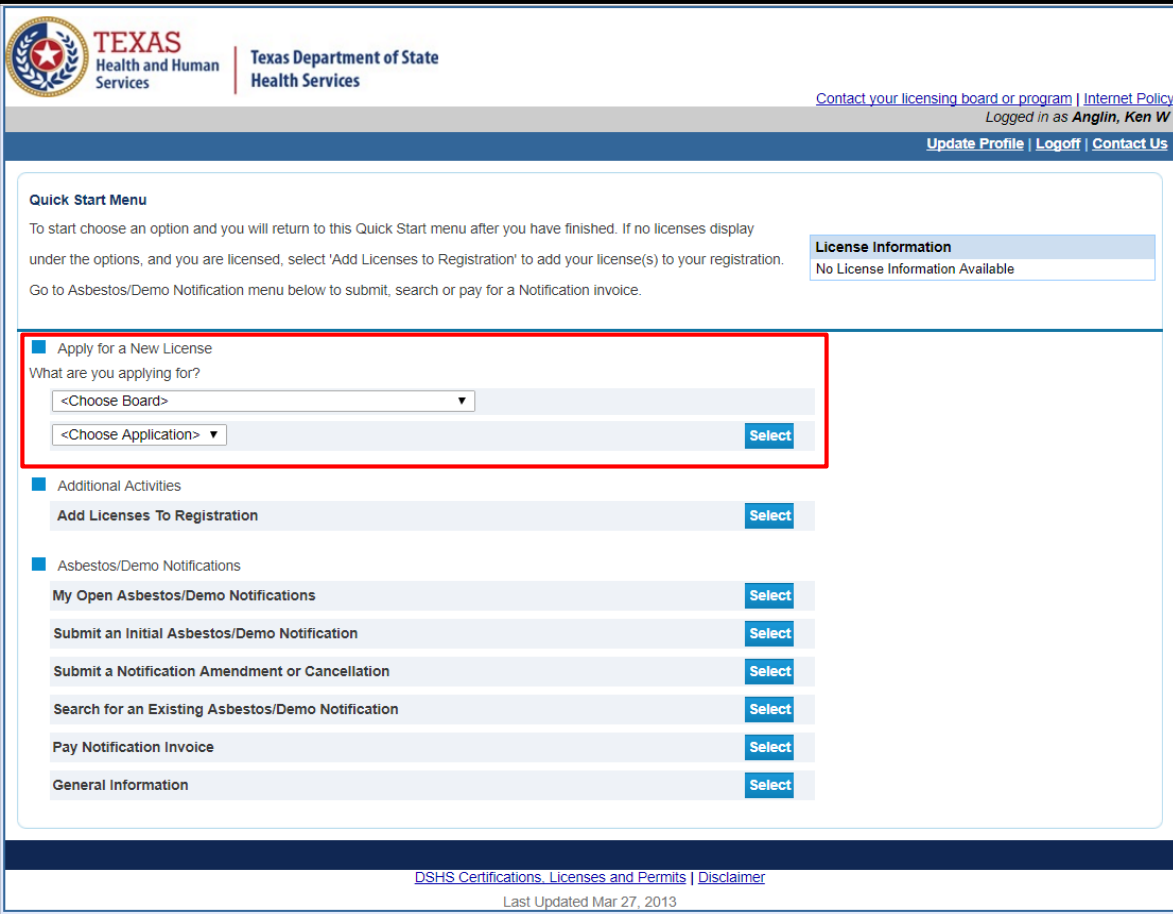
Main Menu – Application Selection

Apply for Community Health Worker (CHW) Instructor certification - Initial Online Application based on Experience

The Main Menu page allows you to apply for a new license, edit your user profile, and add licenses to your registration. Look for “Apply for a New License.”

Under “What are you applying for?” select **Community Health Worker Training and Certification Program** from the “Choose Board” drop down menu. From the “Choose Application” drop down menu, select **Initial CHW Instructor - Experience**.

This page also allows you to check on the status of an application previously submitted. Select “View Application Status”.



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Logged in as **Anglin, Ken W**

[Update Profile](#) | [Logoff](#) | [Contact Us](#)

Quick Start Menu
To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration. Go to Asbestos/Demo Notification menu below to submit, search or pay for a Notification invoice.

License Information
No License Information Available

■ Apply for a New License
What are you applying for?

■ Additional Activities

■ Asbestos/Demo Notifications

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Requirements

The opening page of the initial application process provides an introduction to the application requirements and review process. Before beginning the application, review the requirements on the [Texas Department of State Health Services](http://www.dshs.texas.gov/mch/chw/CHW-Instructor-doc.aspx) (DSHS) CHW website. Save all necessary documents in PDF form for submission.

Initial CHW Instructor - Experience - Introduction

Thank you for using the online system to apply for certification as Community Health Worker Instructor in Texas.

The online system is available only in English at this time. Please go to the CHW website <http://www.dshs.texas.gov/mch/chw/CHW-Instructor-doc.aspx> to download and complete and mail an application in Spanish.

Before beginning the CHW Instructor application, review the requirements on the CHW website <http://www.dshs.texas.gov/mch/chw/CHW-Instructor-doc.aspx>

You will need the following items to complete the online application:

1. Be 18 years or older.
2. Currently live in Texas.
3. Date range of teaching experience where you performed at least 1,000 hours within the last six(6) years. (Experience will be verified with the supervisor(s) noted on the application.)
4. Two examples of teaching/training CHW, health care professional or paraprofessionals.
5. Saved photo in PDF format.
6. Signed employment/volunteer history form in PDF format. [Download form.](#)
7. Resume in PDF format.
8. Download from the website <http://www.dshs.texas.gov/mch/chw/chwdocs.aspx>

For questions: Contact the CHW Program by email at chw@dshs.texas.gov or call (512) 776-2208 or (512) 776-3860.

Your records: Keep a copy of all materials submitted for your records.

Timelines: DSHS will let you know if your application for certification is approved, denied, or incomplete within 90 days.

Denial of Certification: DSHS may deny your application for certification for any of these reasons:

- It is incomplete.
- You do not meet the requirements for certification listed in the [rules](#).
- You have provided false information on the application.

Renewal of certification: If your application is approved, DSHS will send you a certificate, which is valid for two (2) years. You must complete 20 hours of continuing education (CEUs) and apply to renew your certificate before it expires.

Keep your contact information current: Send any changes to your mailing address or contact information to chw@dshs.texas.gov to ensure that you receive CHW Program Information. DSHS mails notices of certification to the mailing address listed on your application.

Save your user ID and password, you will need it to renew in two years.

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023, 559.003, and 559.004)

[Next](#)[Cancel](#)

Function Suitability

This page has a series of questions to determine if you meet the requirements to apply online.

In this section, "license/registration/permit" is equal to CHW instructor certification.

Initial CHW Instructor - Experience - Function Suitability

Answer the questions below to ensure that you have selected the correct online transaction.

Answer the questions and press "Next".

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input type="radio"/> No
Are you at least 18 years of age?	<input type="radio"/> Yes <input type="radio"/> No
Do you live in Texas ?	<input type="radio"/> Yes <input type="radio"/> No
Have you completed the CHW Instructor Certification Training Course?	<input type="radio"/> Yes <input type="radio"/> No

Previous

Next

Cancel

You will have to answer the questions above every time you sign in to view or update your application online.

Some applicants may experience a problem with the "Yes" and "No" disappearing. The top radio button will always be "Yes" and the bottom "No".

An error generated by an answer that does not allow the application to proceed is displayed in red text.

[Main Menu](#) | [Update Profile](#) | [Logout](#) | [Contact Us](#)

Error

- This online application is not suitable for your situation. Press "Cancel" and select a different online application. You may not be able to complete your application online at this time; contact your licensing board or program for details.

Initial CHW Instructor - Experience - Function Suitability

Answer the questions below to ensure that you have selected the correct online transaction.

Answer the questions and press "Next".

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you at least 18 years of age?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you live in Texas ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you completed the CHW Instructor Certification Training Course?	<input type="radio"/> <input checked="" type="radio"/>

Previous
Next
Cancel

Personal Information

Name and Personal Details page asks for information about you. Information that is required is marked with an asterisk (*). Certification as a CHW Instructor requires that a person has reached 18 years of age to apply for licensure.

Initial CHW Instructor - Experience - Name and Personal Details

You must be at least 18 years old to obtain a license.
Enter your personal details and press "Next" to continue.
Press "Previous" to return to the previous section.
Press "Cancel" to cancel this application and return to the main menu.
If Return to SummaryButton is available. Press "Return to Summary" to return to the summary.

Title:	<input type="text"/>
First Name:	Monica
Second Name:	
Last Name:	Maldonado
Suffix	
* Birthdate:	<input type="text" value="01/02/2000"/> (m m/dd/yyyy)
* Gender:	Female ▼
* Race:	Hispanic ▼

Contact Information

This page lists the mailing, home and work addresses associated with this license. The Main address is your street address. Both the Main address and Mailing address are required.

DSHS will mail your notice of certification and any correspondence to the Mailing address listed in your application.

You can enter your current work or volunteer address information in the "Add

Another Contact" section at the bottom of the screen.

Initial CHW Instructor - Experience - Contact Information

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Delete Button is available. Press "Delete" to delete the address.

If Copy Button is available. Press "Copy" to copy a previously entered address.

Select an address type and press "Add" to add a new address.

Main address is the same as your mailing address.

You must add a Work Address if you are currently employed or volunteering.

Mailing Address

Copy From:

Copy

Street Number:

4545

Address:

Steed Drive

Zip Code:

78758

City:

AUSTIN

State:

Texas

County:

TRAVIS

Country:

United States

Phone Number:

512-776-2570

(999-999-9999)

Extension:

E-mail:

monica.maldonado@dshs.texas.gov

Home Address

Copy From:

Copy

Street Number:

Address:

Zip Code:

City:

State:

Texas

County:

Country:

United States

Phone Number:

(999-999-9999)

Extension:

E-mail:

Add Another Contact

Contact Type:

Add

Previous

Next

Cancel

Page 19 of 33

The city, state and county will be automatically filled in after you enter the zip code and click the Zip Lookup button. In some cases, the zip code may be located in more than one county, you may be asked to select the correct county from the dropdown menu.

Initial CHW Instructor - Experience - Contact Information

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Delete Button is available. Press "Delete" to delete the address.

If Copy Button is available. Press "Copy" to copy a previously entered address.

Select an address type and press "Add" to add a new address.

Main address is the same as your mailing address.

You must add a Work Address if you are currently employed or volunteering.

Mailing Address

Copy From:

Street Number:

* Address:

* Zip Code:

* City:

* State:

* County:

* Country:

Phone Number: (999-999-9999)

Extension:

E-mail:

Add Another Contact

Enter your current work or volunteer information by selecting "Work Address 1 – CHW Instructor" the drop down menu and pressing the "Add" button. You may have to scroll down to see the new fields.

Add Another Contact

Contact Type:

Add

Previous

Next

Cancel

Screen shot below shows where the work or volunteer information will be entered.

Work Address

Delete

CopyFrom:

Copy

* Street Number:

* Street Name:

* Zip Code:

* City:

* State:

Texas

* County:

* Country:

United States

Phone Number:

(999-999-9999)

Extension:

E-mail:

Appl Job Title

Supervisor

* Organization Name:

Add Another Contact

Contact Type:

Add

Previous

Next

Cancel

General Questions

Complete the information requested below

The General Questions page allows you to answer questions concerning education, language preference and other information. These questions are required where indicated, but will not stop the application process.

- Under "Highest Level of Care" select your highest Level of education, only select one.
- Under "Category" select your language preference for correspondence.
- Under "Type of Business" select the type of organization where you currently work or volunteer.
- Under "Additional Attributes" select all that apply.

Click Next to proceed to the next set of questions.

The general questions page is displayed below:

DSHS Online License Services

Initial CHW Instructor - Experience - Complete the information requested below.

Select your highest level of education, your preferred language to receive communication, the type of organization you work for and whether you work full time or part time and if paid or volunteer. Also, select your pay range.

Complete the information below under each category.

Complete the information below and Press "Next."

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

Attributes	Highest Level of Care Offered
Please make your selection	<input type="checkbox"/> Advanced Degree <input type="checkbox"/> College/University Degree <input type="checkbox"/> High School/GED <input type="checkbox"/> Junior College/Technical School <input type="checkbox"/> Kinder to 12th <input type="checkbox"/> Some College
Attributes	Fee Level
* Please make your selection	<input checked="" type="radio"/> 1-<=\$9.00 <input type="radio"/> 2-\$9.01 - \$15.00 <input type="radio"/> 3-\$15.01 - \$25.00 <input type="radio"/> 4-> \$25.00 <input type="radio"/> 5-No Pay <input type="radio"/> 6-Unknown
Attributes	Category
* Please make your selection	<input type="checkbox"/> English <input type="checkbox"/> Spanish
Attributes	Type of Business (please select only one)
* Please make your selection	<input type="radio"/> Clinic/Hospital <input type="radio"/> College/University/School <input type="radio"/> Community-Based Organization (CBO) <input type="radio"/> Faith Based <input type="radio"/> Home Health/Long Term Care Facility <input type="radio"/> Insurer/Health Plan <input type="radio"/> Local Health Department <input type="radio"/> Non-profit Organization <input type="radio"/> Other/None <input type="radio"/> Retail/Manufacturing <input type="radio"/> State Agency
Attributes	Additional Attributes (please check all that apply)
* Please make your selection	<input type="checkbox"/> Full Time <input type="checkbox"/> Paid <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Volunteer

Please check all that apply.

Previous
Next
Cancel

Language Used

On this screen, indicate the languages you use.

Add other language by pressing the "Add" button.

Initial CHW Instructor - Experience - Information
Press "Previous" to return to previous page.
Press "Next" to go to next page.
Press "Cancel" to Cancel application and go back to Quick Start Menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
If Save Button is available. Press "Save" to save the information and return to the summary.

Add Language Used **Add**

Language Used

Language:

Description if Other:

• Speak: ☐ Yes ☐ No

• Read: ☐ Yes ☐ No

• Write: ☐ Yes ☐ No

Previous

Next

Cancel

Work Experience / Work Duties

Teaching Experience (Part 1)

Complete this section with the date range of your experience in the past six (6) years. At least 1,000 hours of teaching or training CHWs or other health care (para)professionals in the eight (8) core CHW competencies is required. Include the supervisor's information who can verify this experience.

You can enter additional experience information by clicking the "Add" button.

Initial CHW Instructor - Experience - Information
Press "Previous" to return to previous page.
Press "Next" to go to next page.
Press "Cancel" to Cancel application and go back to Quick Start Menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
If Save Button is available. Press "Save" to save the information and return to the summary.

Add Teaching Experience (Part 1) [Add](#)

Teaching Experience (Part 1)
Add each experience reference in this section (Part 1).
List reference information for your experience of at least 1,000 hours of teaching/training promotores, CHWs, or other health care professionals or paraprofessionals within the last six (6) years.

- Beginning Date of Experience: (mm/dd/yyyy)
- End Date of Experience: (mm/dd/yyyy)
- Total Service Hour of Instruction/Training:
- Agency Name:
- Agency Address:
- Agency City:
- Agency State:
- Agency Zip:
- Job Title:
- Supervisor Title:
- Supervisor Name:
- Supervisor Phone:

[Previous](#) [Next](#) [Cancel](#)

Teaching Experience Verification (Part 2)

Instructor Application Core Competencies/Work Duties (Part2)

The eight (8) core competencies for CHWs are listed on this page. Select "Yes" or "No" next to each of the core competencies to indicate if you have experience training or teaching CHWs, community health service providers or other health care professionals in the skill areas related to each core competency.

Initial CHW Instructor - Experience - Information

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Instructor Application Core Competencies/Work Duties (Part 2) **Add**

Instructor Application Core Competencies/Work Duties (Part 2)

Verify below, if you have any experience in teaching CHWs how to perform the following work duties.

- **Communication Skills:** ☐ Yes ☐ No
 - Listen actively, communicate with empathy and gather information in a respectful manner
 - Speak and write in plain language and at an appropriate literacy level
 - Document activities and services
 - Ensure language interpretation or access to translation services
- **Interpersonal Skills:** ☐ Yes ☐ No
 - Establish relationships, work as a team member, and assist in individual and group conflict resolution
 - Recognize and appropriately respond to cultural differences of the population served
 - Provide informal counseling
 - Maintain confidentiality of client information and act within Health Insurance Portability and Accountability Act (HIPAA) requirements
- **Service Coordination Skills:** ☐ Yes ☐ No
 - Identify and access resources
 - Help others navigate services and resources
 - Coordinate referrals and follow-up and track care and referral outcomes
 - Assess client needs using strength-based approaches
- **Capacity-Building Skills:** ☐ Yes ☐ No
 - Identify problems and resources to encourage and help clients solve problems themselves
 - Collaborate with local partnerships to improve services, network and build community connections
 - Assess the strengths and needs of the community
 - Build leadership skills for yourself and others in the community
- **Advocacy Skills:** ☐ Yes ☐ No
 - Use existing resources and current data to help others promote a cause
 - Identify and work with advocacy groups
 - Stay informed on changes in the Health and Human Services systems and community leadership
 - Speak up for individuals or communities to overcome intimidation and other barriers
- **Teaching Skills:** ☐ Yes ☐ No
 - Use methods that promote learning and positive behavior change
 - Use a variety of teaching and coaching methods for different learning styles and ages
 - Plan and lead classes
 - Evaluate the success of an educational program and measure the progress of individual learners
- **Organizational Skills:** ☐ Yes ☐ No
 - Plan and set individual and organizational goals
 - Plan and set up presentations, educational training sessions, workshops, and other activities
 - Effectively manage time and prioritize activities, yet stay flexible
 - Gather, document, and report on activities within legal and organization guidelines
- **Knowledge Base on Specific Health Issues:** ☐ Yes ☐ No
 - Gain and share basic knowledge of the community, health and social services, specific health issues, healthy life styles, and health disparities
 - Understand social determinants of health
 - Stay current on health issues affecting clients and know where to find answers to difficult questions
 - Use and apply public health concepts

Previous **Next** **Cancel**

CHW Instructor Teaching Experience

Examples(s) of Teaching Experience

List two (2) examples of instruction or training you delivered to individuals providing community health work services, including promotores, CHWs, and other health care paraprofessionals and professionals during your time with the organization/agency listed in the previous page. Examples must be within the last six (6) years.

Click "Add" to add the second example.

Initial CHW Instructor - Experience - Information

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Example(s) of Teaching Experience **Add**

Example(s) of Teaching Experience

List two examples of instruction or training delivered during your time with the organization listed above. Must be within the last six (6) years.

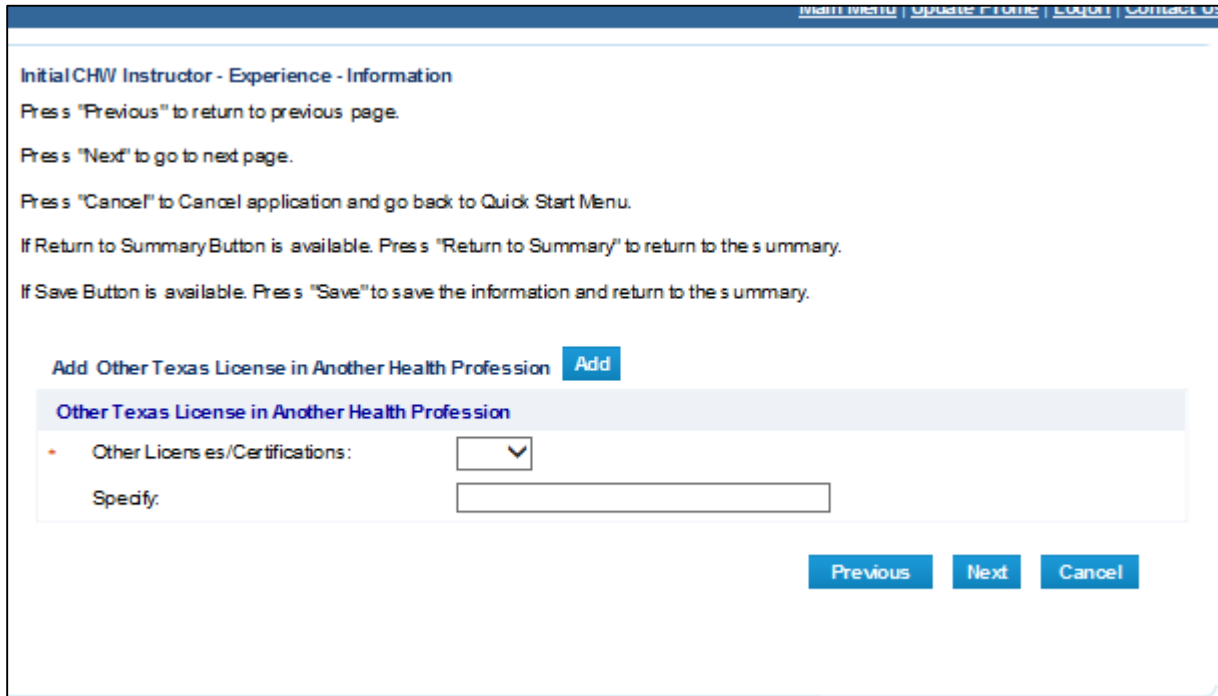
- Title of Instruction/Training:
- Date of Instruction/Training: (mm/dd/yyyy)
- Target Audience:
- Length of Training in hours:
- Communication Skills: ☐ Yes ☐ No
- Interpersonal Skills: ☐ Yes ☐ No
- Service Coordination Skills: ☐ Yes ☐ No
- Capacity-Building Skills: ☐ Yes ☐ No
- Advocacy Skills: ☐ Yes ☐ No
- Teaching Skills: ☐ Yes ☐ No
- Organizational Skills: ☐ Yes ☐ No
- Knowledge of Specific Health Issues: ☐ Yes ☐ No
- Training Objective:
- Training Activity Examples:

Check the Continuing Education Units covered in the Training.

Previous Next Cancel

Other Licenses / Certifications

Add other current Texas Professional licenses or certifications in another Health Profession.



Network and Association relationship

Affiliation with DSHS-Certified Training Program and Network and Association Relationship

Once certified, an instructor must be affiliated with one or more training programs for CHWs or Instructors approved by DSHS in order to provide DSHS-certified training. Enter the name of the DSHS-approved training program(s) with whom you want to be affiliated in the assigned box.

A list of training programs approved by DSHS to deliver certified training to CHWs or instructors is located at

<http://www.dshs.texas.gov/mch/chw/training.aspx>.

If you are a member of a CHW network or association, enter the name of the CHW association in the assigned box.

Go to <http://www.dshs.texas.gov/mch/chw/resources> for a list of CHW Networks/Associations.

Initial CHW Instructor - Experience - Information

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Related Licenses

Once certified, an instructor may provide training for community health workers or instructors through one or more training programs/sponsoring organization approved by DSHS. List any DSHS-approved training program(s) with whom you want to be affiliated, as well as networks or associations, if your application is approved. A list of training programs/sponsoring organizations approved by DSHS to deliver certified training for promotores/community health workers (CHWs) or instructors is located at <http://www.dshs.texas.gov/mch/chw/training.aspx>. Go to <http://www.dshs.texas.gov/mch/chw/resources> for a list of CHW Networks/Associations.

Training Programs :

Networks or Associations:

[Previous](#)[Next](#)[Cancel](#)

Attaching Documents

Initial CHW Instructor - Experience - Attachments

The following must be attached or mailed to DSHS, CHW program:

1. Photo
2. Resume
3. Signed Employment/Volunteer History Form

All attached files must be less than 5MB in size and have less than 30 characters, including spaces, in the filename.
Files to be uploaded need to be in PDF format. For instructions for converting document to PDF, visit the CHW website.

Press "Next" when there are no more files to attach.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

File Name:

Notes:

All attachments must be in PDF format, including your photo.

Instructions for attaching documents:

- Click "Browse".
- From your computer files, find the file you will be attaching.
- Select/click on the file you will be attaching.
- Click on Open.
- In "Notes" write a brief description of the attachment (this is optional)
Click "Attach" to attach file to your online application.

To attach your photo, follow the same steps. Include your name in the notes section.

Application Summary

The Summary page provides the complete information for this initial license/CHW Instructor certification application. If data needs to be corrected, then click the "Edit" button to make corrections. If information is correct, click "Submit" to submit the initial CHW Instructor application based on experience.

Initial CHW Instructor - Experience - Application Summary

Below is a summary of the information you have provided. Please review the information and press "Submit" if all the information is correct.

Review the data and press "Submit" to submit this application.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Application	License Type: Inst-Exper Application Date: 05/08/2018
Personal Details	<div>Full Name: Monica Maldonado Edit</div> <div>Birthdate: 01/07/1989 Gender: Female Race: White</div>
General Addresses	<div><div>Main Address</div><div>4508 Summer Street</div><div>AUSTIN , Texas TRAMS 78758 US</div><div>Phone Number: 555-555-5568</div><div>E-mail:</div><div>Home Address</div><div>4508 Summer Street</div><div>AUSTIN , Texas TRAMS 78758 US</div><div>Phone Number: 555-555-5568</div><div>E-mail:</div></div> <div>Edit</div>

Attestation Question

This question declares that all information you have entered is true and correct.

Initial CHW Instructor - Experience - Attestation

Please read the following statements carefully and indicate your understanding and acceptance by selecting "Yes" in the box below.

Press "Previous" to return to the previous section.

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

The CHW Program will review your information after you complete the online application, including your attached certificate and photo. The Program will inform you about the status of your application within 90 days.

- I certify that all the information provided by me in connection with this application is true and complete. I understand providing false or misleading information, which is used in determining my qualifications, may result in the voiding of the application and failure to be granted any certificate or the revocation of any certificate issued and may result in criminal prosecution for tampering with a governmental record under section 37.10 of the Texas Penal Code.
- I agree to abide by the Health and Safety Code, Chapter 48 and the rules regarding the training and certification of promotores (as) or community health workers, 25 TAC §§148.1-148.8 located at <http://www.dshs.texas.gov/mch/chw/Community-Health-Workers-Program.aspx>. Please call 512.776.2208 or 512.776.3880 to request a copy.
- I give DSHS permission to verify any information or references, which are important in determining my qualifications.
- I will return the certificate and identification card(s) to DSHS upon the revocation or suspension of the certificate.
- I understand the application and supporting documentation submitted become the property of DSHS and are nonreturnable.
- I shall advise DSHS of my current address within 30 days of any changes of address.
- I acknowledge that this Application for Certification is not a contract between me and DSHS and does not make me an employee, agent, contractor, or representative of DSHS.

☐ Yes

☐ No

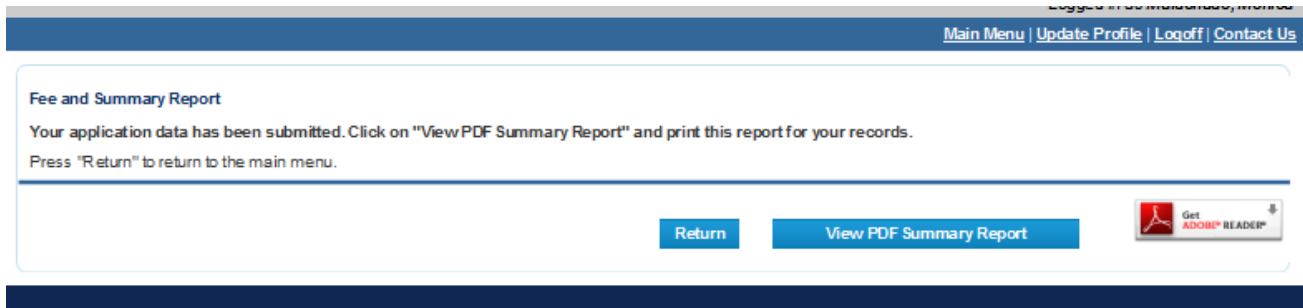
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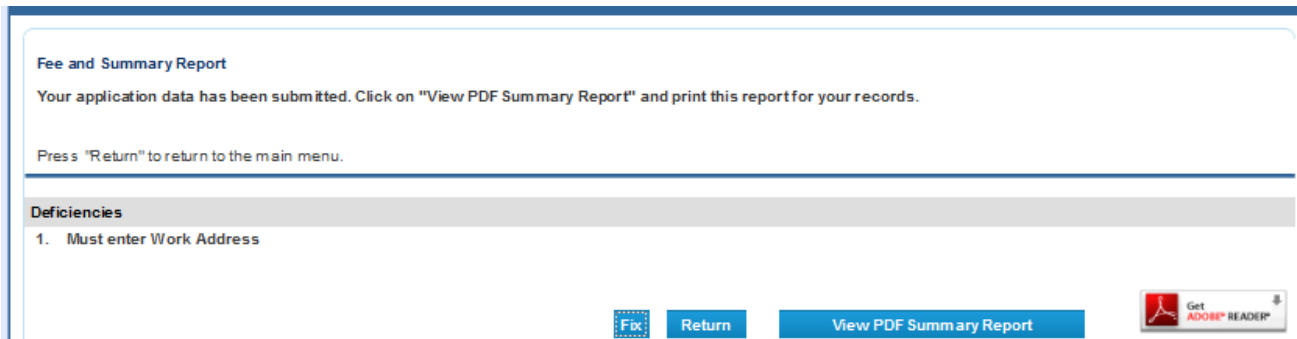
Summary of application report

The "View PDF Summary Report" produces a PDF file that lists the application summary information and can be saved to your computer. Click on the blue "View PDF Summary Report" button to access your PDF application summary.



Deficiencies

Deficiencies are errors. Correct a "Deficiency" by clicking on "Fix". In the example below, if you selected, Paid and Employed, then you must enter a work address.



Cancel:

If you choose to cancel your application your application will be temporarily saved. Your user name and password will remain the same and can be used to update/edit or reapply for certification.

Payment - There are no fees for applying for CHW Instructor certification.